

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037903

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9575

FILED OCT 4 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1						
2	2/10/63					
3						
4	3					
5	2					
6						
7	1					
8	2					
9						
10						
11						
12	77-0					
13						
77						

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4147 E. Lee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lizzie Middle Ootsey Last Ootsey		4. DATE OF DEATH Month 9 Day 24 Year 63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-6-81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Arkadelphia, Ark.	
13a. FATHER'S NAME UNKNOWN Sam Austin		13b. MOTHER'S MAIDEN NAME UNKNOWN Matilda ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 332x	
17. INFORMANT William M. Ootsey, 4147 E. Lee		14. NAME OF HUSBAND OR WIFE William Ootsey	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Generalized Thrombosis DUE TO (b) 332x DUE TO (c) Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 3:25 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 9-24-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Little Rock, Arkansas		COUNTY Little Rock, Arkansas STATE Arkansas	
21. I attended the deceased from 9-10-63 to 9-24-63 and last saw her alive on 9-24-63 Death occurred at 3:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J.H. Whittier (Deedee or title)	
22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 9-25-63	
23a. REMOVAL, ORGAN DONOR, REMOVAL (Specify) 9-24-63		23b. DATE 9-24-63	
23c. NAME OF CEMETERY OR CREMATORY Little Rock, Arkansas		23d. LOCATION (City, town, or county) (State) Little Rock, Arkansas	
24. FUNERAL DIRECTOR G. J. Chigler, 1036 Tudor Ave, E. St. Louis, Ill		25. DATE RECD. BY LOCAL REG. SEP 25 1963	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is reported on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3346

P. O. Address 1036 Tulon Ave

E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

XXXXXX XXXX

Little Rock, Arkansas

Little Rock, Arkansas

00-00-00